

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586568

FILING DATE

27 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
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25		1				
26		1				
27	/		/			
28	/		/			
29	2		/			
30	2		/			
31	2		/			
32	2		/			
33	2		/			
34	2		/			
35	2		/			
36	2		/			
37	2		/			
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39	2		/			
40	2		/			
41	2		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	3		/			
49	3		/			
50	3		/			
TOTAL IND.	4		4			
TOTAL DEP.	50		49			
TOTAL CLAIMS	60		53			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1			
53			1			
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						